

KENDAL DESIGNATED FRIEND FORM

The resident who is acting as a Designated Friend (DF) will be:

1. Notified by KCC staff in the case of a health care emergency that requires off campus care, or a transfer to a Kendal Nursing unit at the time of the event, regardless of time of day/night. The Primary Emergency Contact will also be notified at this time.
2. Identified by staff to other residents who inquire as to the identity of the DF in order to find out about the person's condition. The DF name will be included on the daily posted list of hospitalized residents.
3. Authorized to receive limited Personal Health Information from staff and to inform friends about his/her condition according to the terms of the agreement as detailed below:

Resident Name:

Unit#:

Date of this discussion and agreement:

Name of Designated Friend:

Unit#:

If I am hospitalized, transferred to the Health Center, or to another facility, I would like my DF to visit me and attend to the items indicated below:

A. Information Sharing:

1. The following people may be told where I am and why and given updated information about my status (mark choice)

No one, please do NOT share

Anyone who inquires

ONLY the following individuals (please list).

2. You agree to communicate with my Emergency Contact to explain your role as my DF, and to keep them informed of any local issues that may arise.

My Emergency Contact as listed on my Resident Information form is:

Name:

Phone:

Relationship:

I will ensure that my emergency contact knows the name and telephone number of my DF.

B. Contingency Planning-in circumstances of extended absence, and if no other arrangements can be made, my DF may also:

1. Gather Open box items and Post Office Mail. Bring me the mail if I am able to attend to it or forward it to my Emergency Contact. If you wish this done, record where your mailbox key can be found:
2. Notify Committee Chairs or others who may be expecting me at appointments listed on my calendar.
3. Enter my cottage periodically to water plants and/or check that all is well. I will provide a spare door key.
4. Ensure that my pet is taken care of, preferably by caring for the pet in my cottage, or asking _____ to care for my pet in their cottage, unless my Emergency Contact requests otherwise. *A copy of my Pet Registration may be attached to this agreement.*
5. Provide me with clothing/books/laptop at the facility, or as requested by Emergency Contact.
6. Perform or request my housekeeper to clean out my refrigerator and dispose of other perishable food

Add any other requests here:

NOTE: If it appears that I am unable to attend to mail and /or pay bills, please call my Emergency Contact.

ONLY THOSE ITEMS indicated on this document are expected of my Designated Friend Resident

Signature _____ Date

As agreed by my Designated Friend _____ Date